



## Request for Patient Care Report Patient Requesting His/Her Own Record

### **INSTRUCTIONS:**

1. **This form is to be used ONLY by adult patients (18 years or older) requesting a copy of a report for care they received from the Frederick County Division of Fire and Rescue Services.** If this does not apply to you, please return to [www.frederickcountymd.gov](http://www.frederickcountymd.gov) to find the appropriate information and instructions.
2. **ALL** indicated information, documentation, and the required payment must be submitted with this form in order to obtain the record.

### **Patient Information:**

My name is: \_\_\_\_\_

My mailing address is: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Incident Information:**

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Location (street address, intersection, etc) \_\_\_\_\_

### **REMEMBER TO ENCLOSE THE FOLLOWING:**

☐ Copy of my driver's license or other equivalent photo I.D.

**I affirm that I am the patient indicated above and that I am requesting a medical report for care I received from Frederick County Fire and Rescue Services.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send this signed and dated form, and a copy of your driver's license or equivalent photo I.D. to:

**Frederick County Fire and Rescue Services  
Records Office  
5370 Public Safety Place  
Frederick, MD 21704  
Fax: 301-600-1323**

*To allow for processing time, walk-in requests must provide 24 hour notice before visiting office.*

**If you have any questions, please contact the Records Office at 301-600-1536.**